



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket #5138

In re Application of

THOMAS HAHN ET AL

U.S. Serial No. 09/581,565

Filed: June 15, 2000

PIEZOELECTRIC TRANSMITTER

Group Art Unit 2834

Examiner: M. Budd

#9/Ext. w/RCCE  
Hawkins  
4/9/02  
S. B.  
R.C.C.E.

Honorable Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Dear Sir:

This is a request for continued examination under 37 CFR 1.114 of the above identified application. Transmitted herewith is a submission under 37 C.F.R. 1.114 as follows:

- Consider the Amendment/Response under 37 CFR 1.116 previously filed on \_\_\_\_\_.
- Amendment/Response
- Response
- Information Disclosure Statement
- PTO Request Fee for Continued Examination under 37 C.F.R. 1.17(e) - \$370.00/\$740.00
- This response is being filed within the period for response.
- The required extension fee was previously paid on \_\_\_\_\_.
- Applicant(s) hereby petition for an extension from the date of the Examiner's Action as follows:
- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> First-Month Extension.....            | \$ 55.00 / \$ 110.00  |
| <input type="checkbox"/> Second-Month Extension.....           | \$ 200.00 / \$ 400.00 |
| <input checked="" type="checkbox"/> Third-Month Extension..... | \$ 460.00 / \$ 920.00 |
- Small entity status of this application has been established.

A check in the amount of \$ 1660.00 is attached hereto.

The Commissioner is hereby authorized to charge any additional fees which may be due, or credit any overpayment to Deposit Account No. 02-3690. A duplicate copy of this sheet is enclosed.

04/03/2002 CNGUYEN 00000064 09581565

01 FC:179  
02 FC:117740.00 OP  
920.00 OP

Respectfully submitted,

By *Wm. J. Breiner*  
Attorney of Record, Reg. No. 33,161

Date: April 2, 2002  
P.O. Box 19290  
Alexandria, VA 22320-0290  
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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/581565

**RCE Filed on 4/2/02**

| (Column 1)  |   | (Column 2) | (Column 3)                                  | SMALL ENTITY     | OTHER THAN<br>SMALL ENTITY |                        |
|---|---|------------|---|------------------|----------------------------|------------------------|
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                            |                        |
| Total   | *   | Minus      | **  | =                | X\$ 9=                     |                        |
| Independent   | *   | Minus      | ***   | =                | X40=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |                  | +135=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |
|   |   |            |   |                  | OR                         | TOTAL<br>ADDIT. FEE    |
|   |   |            |   |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   |   |            |   |                  | X\$18=                     |                        |
|   |   |            |   |                  | X80=                       |                        |
|   |   |            |   |                  | +270=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |

| (Column 1)  |   | (Column 2) | (Column 3)                                  | SMALL ENTITY     | OTHER THAN<br>SMALL ENTITY |                        |
|---|---|------------|---|------------------|----------------------------|------------------------|
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                            |                        |
| Total   | *   | Minus      | **  | =                | X\$ 9=                     |                        |
| Independent   | *   | Minus      | ***   | =                | X40=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |                  | +135=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |
|   |   |            |   |                  | OR                         | TOTAL<br>ADDIT. FEE    |
|   |   |            |   |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   |   |            |   |                  | X\$18=                     |                        |
|   |   |            |   |                  | X80=                       |                        |
|   |   |            |   |                  | +270=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |

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| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                            |                        |
| Total   | *   | Minus      | **  | =                | X\$ 9=                     |                        |
| Independent   | *   | Minus      | ***   | =                | X40=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |                  | +135=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |
|   |   |            |   |                  | OR                         | TOTAL<br>ADDIT. FEE    |
|   |   |            |   |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   |   |            |   |                  | X\$18=                     |                        |
|   |   |            |   |                  | X80=                       |                        |
|   |   |            |   |                  | +270=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |

| (Column 1)  |   | (Column 2) | (Column 3)                                  | SMALL ENTITY     | OTHER THAN<br>SMALL ENTITY |                        |
|---|---|------------|---|------------------|----------------------------|------------------------|
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                            |                        |
| Total   | *   | Minus      | **  | =                | X\$ 9=                     |                        |
| Independent   | *   | Minus      | ***   | =                | X40=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |                  | +135=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |
|   |   |            |   |                  | OR                         | TOTAL<br>ADDIT. FEE    |
|   |   |            |   |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   |   |            |   |                  | X\$18=                     |                        |
|   |   |            |   |                  | X80=                       |                        |
|   |   |            |   |                  | +270=                      |                        |
|   |   |            |   |                  | TOTAL<br>ADDIT. FEE        |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.